

SERIAL NUMBER 09/428,468	FILING DATE 10/28/99	CLASS 349	GROUP ART UNIT 2833	ATTORNEY DOCKET NO. BELHAJ5
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APPLICANT SAID O. BELHAJ, COPLAY, PA.

****CONTINUING DOMESTIC DATA*******
 VERIFIED
None

****371 (NAT'L STAGE) DATA*******
 VERIFIED
None

****FOREIGN APPLICATIONS*******
 VERIFIED
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/18/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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 WASHINGTON DC 20036-3307

TITLE BI-DIRECTIONAL SCAN SWITCH MATRIX METHOD AND APPARATUS

FILING FEE RECEIVED \$838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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10/28/93



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Bib Data Sheet

CONFIRMATION NO. 4691

SERIAL NUMBER 09/428,468	FILING OR 371(c) DATE 10/28/1999 RULE	CLASS 345	GROUP ART UNIT 2675	ATTORNEY DOCKET NO. BELHAJ5
APPLICANTS SAID O. BELHAJ, COPLAY, PA; ** CONTINUING DATA ***** <i>none, then</i> ** FOREIGN APPLICATIONS ***** <i>none, then</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/18/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 4				
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TITLE BI-DIRECTIONAL SCAN SWITCH MATRIX METHOD AND APPARATUS				
FILING FEE RECEIVED 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	